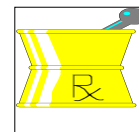




STATE MEDICAID P&T COMMITTEE MEETING
THURSDAY, September 19, 2013
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 128



MINUTES

Committee Members Present:

Kort Delost, R.Ph.

Lisa Hunt, R.Ph.

Roger Martenau, M.D.

Ellie Brownstein, M.D.

Jameson Rice, Pharm.D.

Elizabeth Young, Pharm.D.

Bernadette Kiraly, M.D.

Julia Ozbolt, M.D.

Committee Members Excused:

Beth Johnson, R.Ph

Dept. of Health/Div. of Health Care Financing Staff Present:

Timothy Morley R.Ph.

Trevor Smith, CPhT

Robyn Seely, Pharm.D.

Richard Sorenson RN

University of Utah Drug Information Center Staff Present:

Melissa Archer, Pharm.D.

Other Individuals Present:

Steve Farmer, Amgen

William O'Neill, BI

Mark Gerantery, NovoNordisk

Crystal Henderson

Jim Graves, BMS

Laura Litzenberger, Janssen

Meeting conducted by: Kort Delost

1. Review and Approval of August minutes: Roger Martenau moved to approve the minutes, Elizabeth Young seconded the motion. Motion approved unanimously.
2. Housekeeping: Lisa Hunt reported that the Utah Medicaid director has signed off on the changes to the PDL for implementation on Oct 1st. Plans to review current PDL drug classes will begin soon and education to providers about changes to the PDL beginning in 2014 will occur.
3. Drug Utilization Review (DUR) Board update: Robyn Seely stated that the DUR board met and discussed the thiazolidinediones (TZD) drug class. Next DUR meeting will discuss Invokana.
4. Melissa Archer provided instruction on oral anti-coagulants (Pradaxa and Warfarin). Discussion about the safety and efficacy, usage for each product based on disease state,

studies and trials, and historical claim data for each drug was presented.

5. Public comment

- a. Bill O'Neill, Boehringer Ingelheim. He commented about the risk of ischemic strokes. He asked the board to prefer Pradaxa.

6. Board discussion of oral anticoagulants

- a. Lisa Hunt presented data from other States PDLs, currently in Utah, Pradaxa requires a clinical PA
- b. Ellie Brownstein asked about indications for the Pradaxa.
- c. Melissa Archer said that Pradaxa is only indicated for A-Fib currently.
- d. Jameson Rice asked about the safety of discontinuation of therapy and noted the black box warning. He expressed concern about the PA process and that he feels that the 72 hour emergency fill option is not used by pharmacies.
- e. Bernadette Kiraly agreed saying that there could be problems for patients who were started on Pradaxa in the hospital, but is then unable to obtain said medication in the pharmacy.
- f. Lisa Hunt instructed that Pradaxa has a clinical authorization requirement that is put in place by the DUR board. She also asked to report if there are occurrences of patients being denied a 72 hour supply of emergency medication.
- g. Ellie Brownstein said that PA's are fast with Utah Medicaid.
- h. Jameson Rice said that the problem are the weekend patients who can't get a PA until the next Monday.
- i. **Kort Delost mentioned the 72 hour override education and if pharmacists are aware of the override, it should eliminate the interruption of care.**
- j. Elizabeth Young mentioned an article about the 72 hour emergency supply and offered to share the article with the board.
- k. Lisa Hunt emphasized that Utah Medicaid wants to take care of its patients and will call pharmacies to provide clarification about issues.
- l. Tim Morley said that he has seen on occasions that sometimes a No answer is still a response that comes in 24 hour timeline. Some patients or providers will not consider a No as a response from the Prior Authorization committee.
- m. Julia Ozbolt asked for clarification about if the ACOs have their own PA staff and work independently than Utah Medicaid.

- n. Elizabeth Young makes a motion saying that both agents Warfarin and Pradaxa are equally safe and effective.
 - o. Bernadette Kiraly says that Warfarin is better in some cases as it has an antidote to reverse effects in emergency situations.
 - p. Kort Delost said that Warfarin is more difficult as patients must get blood tests
 - q. Bernadette Kiraly makes a motion saying that both the Warfarin and Pradaxa are equally safe and effective for inclusion or consideration to the PDL. Roger Martenau seconded the motion. All in favor.
7. Melissa Archer provided instruction on Erythropoiesis Stimulating Agents (ESA). Discussion about the safety and efficacy, usage for each product based on disease state, studies and trials, and historical claim data for each drug was presented.
8. Public Comment
- a. Steve Farmer, Amgen. He asked to ensure that the criteria matches what is on the label. He asked to include Aranesp in the PDL.
 - b. Laura Litzenberger, J&J. She emphasized that Procrit is indicated for children. She asked that Procrit be including on the PDL.
9. Board discussion of Erythropoiesis Stimulating Agents (ESA).
- a. Lisa Hunt gave the other states report and the criteria that exists for these drugs on Utah Medicaid.
 - b. Julia Ozbolt asked about the dialysis diagnosis usage on the Jcodes past billing.
 - c. Robyn Seely said that patients who use dialysis qualify for Medicare so they are not included in Medicaid billings.
 - d. Jameson Rice said that the agents are equally safe and effective with the exception of the patient age on Procrit.
 - e. Jameson Rice makes a motion saying all agents are equally safe and effective and should be considered for inclusion on the PDL. Bernadette Kiraly seconds that motion. All in favor.
10. Next meeting is scheduled for Oct 17, 2013 where Inflammatory Bowel Agents will be discussed.
11. Ellie Brownstein made a motion to close the meeting, Elizabeth Young seconded the motion, all approved.

12. Meeting adjourned.

Next Meeting Set for Thursday, Oct 17, 2013 - Inflammatory Bowel Agents

Minutes prepared by Trevor Smith

Recording available upon request, send email to medicaidpharmacy@utah.gov